

# REQUEST FOR AUDIT SERVICES

LICENSEE NAME: BUSINESS NAME + (Attach Facility Profile)

## Complete for Part A and Part B Only

### CHECK ONE

## SERVICE REQUEST

☐ Trust Audit    ☐ Solvency Audit    ☐ Other

## FOCUS OF REQUEST:

FACILITY LICENSE NUMBER(S):

PROBLEM DESCRIPTION (IF MORE SPACE IS NEEDED ATTACH SEPARATE SHEET.)

Licensed? ..... ☐ Yes    ☐ NoSafety risk situation for  
Licensing staff? ..... ☐ Yes    ☐ NoIs administrative action planned? ☐ Yes    ☐ No

Date Statement of Facts signed. \_\_\_\_\_

Denial of new application  
planned? ..... ☐ Yes    ☐ NoDistrict Attorney involved? ..... ☐ Yes    ☐ NoReferred to Investigations? ..... ☐ Yes    ☐ No

Date Referred \_\_\_\_\_

Investigative Case No. \_\_\_\_\_

## Type of Service Requested

### PART A - TRUST AUDIT

- ☐ LIC 405 Record of Clients/Resident's Safeguarded Cash Resources (if in Possession)
- ☐ Attach LIC 402 - Surety Bond
- ☐ LIC 802, LIC 9099 and LIC 809 relating to the problem.
- ☐ LIC 809 Licensing Reports re: relating to Problem Solvency Audit

### PART B - SOLVENCY AUDIT

- ☐ Attach recent LIC 809's which cite for physical plant, food & staffing violations.
- ☐ LIC 401 Monthly Operating Statement    ☐ LIC 404 Financial Information Release
- ☐ LIC 401a Supplemental Financial Information    ☐ LIC 802 Complaint Report
- ☐ LIC 403 Balance Sheet    ☐ LIC 9099 Complaint Investigation Report
- ☐ LIC 403a Balance Sheet Supplemental

### PART C - REQUIRED-CREDIT CHECK (Check one)

- ☐ Sole Proprietor (include both husband and wife)    ☐ Partnership (includes husband and wife)    ☐ Business Reports

Name(s) (last, middle, first name(s))	Addresses(current/former)	(Zip Code)	SS#	Birthdate
1.				
2.				
3.				

### PART D - REQUIRED-GROUP RESIDENCE LOCATOR (GRL) (Provides requestor with SSI recipients at a specified address)

A GRL will provide information from the Social Security Database on which residents are receiving SSI at a specific address. List address you want checked. Address must include a zip code.

Address	City	State	Zip Code	County
Address	City	State	Zip Code	County

### PART E - CERTIFICATE OF GOOD STANDING/CERTIFICATE OF SUSPENSION (PERTAINS TO CORPORATIONS ONLY)

- ☐ LIS - Facility Profile Attached

CONTROL	REGIONAL OFFICE/OUTSTATION OFFICE			M.S.:	PHONE NUMBER:	
				(       )		
	LPA:	PHONE:	LUM:	PHONE:	REGIONAL PROGRAM MANAGER:	DATE SIGNED:
<b>AUDIT SECTION USE ONLY</b>						
Audit Case #: _____						
<div> <div>Priority Assigned (1) (2) Auditor Assigned</div> <div>Date Assigned</div> <div>Signature of Audit Supervisor</div> </div>						

# **INSTRUCTIONS FOR USE AND ROUTING OF SERVICE REQUEST - FORM LIC 837**

## **GENERAL INSTRUCTIONS**

Prior to assembling and forwarding the required documentation, the LPA may want to contact Audit Section for advice.

Requests must be accompanied by an LIS-Facility Profile and any pertinent documents which support the reason for the audit request.

Submit a separate service request for each type of service being requested.

Complete in triplicate. Mail the original and one copy to the Audit Section.

## **ADDITIONAL INSTRUCTIONS BY TYPE OF REQUESTS**

### **Part A & B. Trust or Solvency Audit**

The problem description should specify as much detail as possible.

For additional information about Audit Section, please refer to the Enforcement Actions Section 1-0700 of the Evaluator Manual.

### **Part C. Credit Checks**

**Note:** Credit checks may only be obtained on applicants and licensees. We are NOT permitted by law to request credit checks on the corporate officers. Assistance with interpreting the information on credit reports is available by contacting Audit Section. Business reports may be obtained on the corporation. For business reports, please provide the name and address of the corporation.

### **Part D. Group Residence Locator Information - Provides information regarding who is receiving SSI at a particular address.**

For additional information concerning this type of request the Guide for Obtaining and Interpreting the Group Residence Locator System is available by contacting Audit Section or referring to the Intranet Site for Audit Section.

### **Part E. Certificate of Good Standing/Certificate of Suspension**

Certificates of Good Standing/Certificates of Suspension for corporations are available through the Audit Section.